

Abilities Plus Endowment Scholarship Application

PLEASE PRINT OR TYPE. Do not leave any blanks or unanswered questions; use N/A for questions that do not apply to your situation. Use additional sheets of paper as needed.

GENERAL INFORMATION

First Name	M.I.	Last Name	Date

Present Address	City	State	Zip Code

Permanent Address	City	State	Zip Code

****Your primary residence must be in Henry, Stark or Western Bureau County in Illinois****

Home Phone	Cell Phone	Email Address	Date of Birth

ACADEMIC PLANS

1. Name & location of school you will be attending this fall:

School Name	School Location
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2. ☐ Full Time ☐ Part-Time

3. In what major/course of study will you be enrolled? _____

4. What year are you beginning this fall?

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate Other: _____

5. Anticipated graduation date: _____

6. If attending a 2-year school, do you plan to transfer to a 4-year school? ☐ Yes ☐ No ☐ Unsure

7. Do you plan to obtain a graduate degree? ☐ Yes ☐ No ☐ Unsure

8. What is your career goal?

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ACADEMIC AND EMPLOYMENT HISTORY

1.) List the following information for all high schools and colleges you have attended:

Name of School

Years Attended

Degree or Diploma Obtained

GPA

2.) List honors, academic or other, that you have been awarded:

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3.) List extra-curricular activities you are or have been involved with during and since high-school:

4.) Provide the following information for the jobs you have had during the past 5 years, including volunteer jobs and internships:

Employer

Job Title or Duties

Dates Employed

FINANCIAL STATUS

5.) List anticipated expenses for the upcoming school year: (information will be kept confidential)

EXPENSES:

Tuition	_____
Room	_____
Board	_____
Books	_____
Supplies	_____
Transportation	_____
Other	_____

6.) List any scholarships/grants you will apply towards your expenses for the upcoming school year:

NAME OF SCHOLARSHIP/GRANT:	AMOUNT:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7.) How do you intend to use the scholarship, if awarded?

ESSAY QUESTION

- 8.) What has inspired you in choosing your academic/career path? In your answer, highlight any experiences you have had working and/or interacting with people with disabilities, and provide details of your knowledge of services available to them. Feel free to type this essay on a separate sheet of paper if you need additional space.

Please tell us how you heard about this scholarship program (radio, newspaper, guidance counselor, instructor, etc.) Be as specific as possible:

The information provided in this application is, to the best of my knowledge, complete and correct. I fully intend to complete my course of study as outlined in this application.

Signature of Applicant

Date

Signature of Parent/Guardian (if applicant is under the age of 18)

Date

To be considered as a candidate for the Abilities Plus Endowment Scholarship, **you must supply the following in addition to this application:**

- (1) Your most recent OFFICIAL transcript (high school or college), and
- (2) ONE letter of reference from an individual familiar with your academic and career goals. (Examples may include a teacher, counselor, work supervisor, co-worker, etc. This person may not be a relative.) Multiple letters will not be accepted.

Sign the application, make sure all four pages are filled out as completely as possible, and submit ALL information, by March 30, 2018 to:

Abilities Plus
Endowment Committee
1100 North East Street
Kewanee, Illinois 61443

Applicants will be notified of acceptance or denial by July.

Any questions concerning this application may be directed to Julie Landwehr, at (309-852-4626) Monday through Friday between 8 a.m. and 4 p.m., or by e-mail to julie@abilitiesplus.org.